

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

APPLICANT(S)

09/768831

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
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18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
25		/		/		
26	/	/	/	0		
27		/		/		
28		/		/		
29		/		/		
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31	/	/	/	/		
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47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	27		27			
TOTAL CLAIMS	31		31			

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						